



PERSONAL HISTORY STATEMENT FOR EMPLOYMENT AS COMMISSIONED PARK RANGER

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING:

These instructions are provided to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. The information will be used in a background investigation to assist in determining your suitability for the position for which you have applied. Keep in mind that:

1. The completion of this form is mandatory, and it must be returned in order for you to remain in the employment process. Return only the WHITE Personal History Statement pages.
2. **KEEP A COPY OF THIS COMPLETED DOCUMENT FOR YOUR OWN RECORDS. WE WILL NOT RETURN ANY PORTION OF THIS DOCUMENT TO YOU.**
3. Answer all questions. **Do not leave any blank spaces.** If a question does not apply to you, enter "DNA" in the space provided.
4. Avoid errors by carefully reading the directions before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
5. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address or phone number, please check it by personal verification.
6. If there is not sufficient space on the form for you to include all of the information required, attach extra sheets. Be sure to reference the section and question number before continuing with your answer.
7. Account for all of the time periods in your background.
8. All statements are subject to verification.
9. Read Section 11 carefully if you are in doubt as to your eligibility to apply.
10. If you are uncertain about how to answer a particular question contact State Parks at (360) 902-8565.

Any deliberate inaccuracies, no matter how insignificant and regardless of the reason for the inaccuracy, will result in a request that your name be removed from the employment list. Remember, your honesty is being judged. It is to your advantage to respond openly and honestly.

Any negative factors in your past will be evaluated in terms of frequency, relevance, and significance to the position for which you are applying.

Deception, at any stage during the hiring process, is automatically disqualifying under Civil Service Rules.

Reminder: Make sure you have signed and dated pages 13 and 14 of the Personal History Statement. Please have your signature on page 14 notarized.

Application Information for Personal History & Background Questionnaire

Your Personal History and Background Questionnaire should be accurate and complete. Falsification or omission of any information will result in rejection of your application.

The following areas have previously caused problems for some applicants. Special attention should be directed to answering questions honestly, accurately, and completely:

If you have been involved in something five (5) times, do not indicate four (4) times, or some other number on the application.

When asked if you have ever possessed marijuana, cocaine or other illicit drugs, do not say "**No**," rationalizing that you only touched it once, didn't touch it often, or it was only a small amount.

When asked if you have ever stolen anything, do not reply "**No**" by rationalizing that you just borrowed it and will return it, the item had no value, it was common practice among coworkers, it was unintentional or that the person didn't really care that you took it.

When asked to write down all your jobs within the past ten (10) years, do not omit any, rationalizing it was only part time, you didn't work there that long, you were self-employed, the employer wouldn't give you a good recommendation, or that it is not related to this job.

If you have questions concerning any portion of the Personal History and Background Questionnaire, you should consult with the Human Resource staff prior to its submission.



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Instructions: Answer all questions. Type or print legibly in ink. If an item does not apply, enter "DNA." If additional space is necessary, attach as many sheets as necessary.

NAME (FIRST, MIDDLE, LAST)				SOCIAL SECURITY NUMBER			
NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDING PRIOR MARRIAGE, MAIDEN, NICKNAMES, OR OTHER LEGAL NAMES). ATTACH EXPLANATION AND DATES FOR NAME USED.							
STREET ADDRESS				HOME PHONE			
CITY, STATE, ZIP CODE				WORK PHONE			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CELL/PAGER			
CITY, STATE, ZIP CODE				HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DATE OF BIRTH	PLACE OF BIRTH	U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS			

2 REFERENCES (List five professional contacts/associates who have knowledge of you and your personal qualifications)

NAME & RELATIONSHIP	ADDRESS (Include City, State, and Zip Code)	TELEPHONE
		Home
		Work
		Home
		Work
		Home
		Work
		Home
		Work
		Home
		Work

3 RESIDENCES (Begin with most current and list all residences for the last ten years)

ADDRESS	FROM	TO	LANDLORD/MANAGER
			Mgr Name
			Mgr Phone
			Mgr Name
			Mgr Phone
			Mgr Name
			Mgr Phone
			Mgr Name
			Mgr Phone
			Mgr Name
			Mgr Phone

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4 EDUCATION

NAME/ADDRESS OF SCHOOL (INCLUDE CITY & STATE)	DATES		NAME/DESCRIPTION OF COURSE PURSUED	GRAD?		# UNITS	DEGREE, DIPLOMA, OR CERTIF.
	FROM (MO/YR)	TO (MO/YR)		YES	NO		
MISC. PROFESSIONAL, TRADE, VOCATIONAL, BUSINESS							
GRADUATE SCHOOL							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
COLLEGES/UNIVERSITIES							
HIGH SCHOOL							
HIGH SCHOOL							
GED FROM							
JUNIOR HIGH SCHOOL							

Have you ever been dismissed or suspended from any school? ☐ YES ☐ NO If yes, explain:

5 EXPERIENCE AND EMPLOYMENT

1. Do you have any concerns about your current employer being contacted during the course of the background investigation?

☐ YES ☐ NO If yes, explain:

2. Have you EVER had any extended work absences as a result of discipline such as suspensions, or leaves of absences,

etc. ☐ YES ☐ NO If yes, explain:

3. Have you EVER been fired or asked to resign from any place of employment?

☐ YES ☐ NO If yes, explain:

4. Have you ever applied for, or been employed as a law enforcement officer?

☐ YES ☐ NO If yes, explain:

5. Have you ever been denied or rejected from a law enforcement employment process?

☐ YES ☐ NO If yes, please give details:

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5 EXPERIENCE AND EMPLOYMENT (Continued)

List all jobs held in the last 10 years including part-time, full-time, temporary, voluntary, and individual military assignment. Also list all time on unemployment insurance including dates, amount paid to you, and the office through which you applied. Begin with your current job and account for all gaps of the time while you were between jobs.

FROM (MO/YR)	TO (MO/YR)	NAME OF BUSINESS	SUPERVISOR
SALARY/WAGE		ADDRESS	CO-WORKER
<input type="checkbox"/> Full-time <input type="checkbox"/> Other:		CITY, STATE, ZIP CODE	CO-WORKER
<input type="checkbox"/> Part-time		TELEPHONE	CO-WORKER
<input type="checkbox"/> Voluntary			
TITLE AND DUTIES			
REASON FOR LEAVING			

FROM (MO/YR)	TO (MO/YR)	NAME OF BUSINESS	SUPERVISOR
SALARY/WAGE		ADDRESS	CO-WORKER
<input type="checkbox"/> Full-time <input type="checkbox"/> Other:		CITY, STATE, ZIP CODE	CO-WORKER
<input type="checkbox"/> Part-time		TELEPHONE	CO-WORKER
<input type="checkbox"/> Voluntary			
TITLE AND DUTIES			
REASON FOR LEAVING			

FROM (MO/YR)	TO (MO/YR)	NAME OF BUSINESS	SUPERVISOR
SALARY/WAGE		ADDRESS	CO-WORKER
<input type="checkbox"/> Full-time <input type="checkbox"/> Other:		CITY, STATE, ZIP CODE	CO-WORKER
<input type="checkbox"/> Part-time		TELEPHONE	CO-WORKER
<input type="checkbox"/> Voluntary			
TITLE AND DUTIES			
REASON FOR LEAVING			

FROM (MO/YR)	TO (MO/YR)	NAME OF BUSINESS	SUPERVISOR
SALARY/WAGE		ADDRESS	CO-WORKER
<input type="checkbox"/> Full-time <input type="checkbox"/> Other:		CITY, STATE, ZIP CODE	CO-WORKER
<input type="checkbox"/> Part-time		TELEPHONE	CO-WORKER
<input type="checkbox"/> Voluntary			
TITLE AND DUTIES			
REASON FOR LEAVING			

FROM (MO/YR)	TO (MO/YR)	NAME OF BUSINESS	SUPERVISOR
Salary/Wage		ADDRESS	CO-WORKER
<input type="checkbox"/> Full-time <input type="checkbox"/> Other:		CITY, STATE, ZIP CODE	CO-WORKER
<input type="checkbox"/> Part-time		TELEPHONE	CO-WORKER
<input type="checkbox"/> Voluntary			
TITLE AND DUTIES			
REASON FOR LEAVING			

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6 MILITARY SERVICE

1. Have you ever served in the U.S. armed forces, National Guard, or military reserves?
☐ Yes ☐ No If yes, please supply the following information and attach a copy of your discharge (DD214)

BRANCH OF SERVICE	SERVICE NUMBER
DATES OF SERVICE FROM: TO:	TYPE OF DISCHARGE

2. If you are a male born after 1/1/60, you are required to register for selective service. Are you registered?
☐ Yes ☐ No If yes, please supply the following information:

REGISTRATION NUMBER	CLASSIFICATION
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3. Are you currently participating in any U.S. military reserve or National Guard program?
☐ Yes ☐ No
4. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the U.S. military, National Guard, or military reserves?
☐ Yes ☐ No If yes, please give details (include branch of service, when, where, circumstances)

5. Have you ever had a security clearance denied, suspended, or revoked?
☐ Yes ☐ No If yes, please explain:

6. Were you ever confined to a brig, jail, confinement facility, or guard house?
☐ Yes ☐ No If yes, please explain:

7. Were you ever AWOL?
☐ Yes ☐ No If yes, please explain:

8. Were you ever given "company punishment," or have you received any negative counseling statements?
☐ Yes ☐ No If yes, please explain:

9. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

NAME	ADDRESS (INCLUDE CITY, STATE, AND ZIP)	TELEPHONE	YRS. KNOWN (FROM/TO)
		HOME ()	FROM:
		WORK ()	TO:
		HOME ()	FROM:
		WORK ()	TO:
		HOME ()	FROM:
		WORK ()	TO:
		HOME ()	FROM:
		WORK ()	TO:

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7 FINANCIAL

The character of law enforcement today is continually being challenged because public scrutiny is particularly intense for uniformed personnel. Applicants seeking employment with Washington State Parks as commissioned rangers must possess exemplary background and personal history. The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below. Be completed and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
Monthly Salary	\$	Real Estate (mortgage) Payment. \$	
Spouse's Salary	\$	Rent	\$
List All Other Sources of Monthly Income:		Auto Loan(s)	\$
	\$	Charge Account(s)	\$
	\$	Other Monthly Payments:	
	\$		\$
	\$		\$
	\$	Monthly Cost of Living (include utilities/food/gas/home/car maintenance/entertainment/child care)	\$
Total Monthly Income ➡	\$	Total Monthly Expenditures ➡	\$

CURRENT ASSETS		CURRENT LIABILITIES/DEBT	
Savings.	\$	Real Estate Loan(s)	\$
Checking.	\$	Charge Accounts	\$
Real Estate (current value).	\$	Auto Loans(s)	\$
Other Assets (describe):		Other Liabilities/Loans:	
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Assets ➡	\$	Total Liabilities ➡	\$

1. Have you ever been delinquent on any installment loans? (i.e. mortgage/car loan/credit cards, etc.)? ☐ YES ☐ NO
2. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? ☐ YES ☐ NO
3. Have any of your bills ever been turned over to a collection agency? ☐ YES ☐ NO
4. Have you ever had purchased goods repossessed? ☐ YES ☐ NO
5. Have your wages ever been involuntarily garnished? ☐ YES ☐ NO
6. Have you ever been delinquent on income or other tax payments? ☐ YES ☐ NO

If you answered "YES" to any of the above questions, give details (include when, where, why, firms involved, circumstances)

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8 LEGAL

1. Have you ever been arrested or convicted of any crime, either as an adult or a juvenile? (Include any felonies, misdemeanors, or criminal traffic offenses such as driving while intoxicated, no valid operator's license, driving while license suspended, reckless driving, negligent driving, and hit & run)

DATE	POLICE AGENCY
CIRCUMSTANCES	
DATE	POLICE AGENCY
CIRCUMSTANCES	
DATE	POLICE AGENCY
CIRCUMSTANCES	

2. Have you ever been placed on diversion, court probation, or deferred prosecution?

☐ Yes ☐ No If yes, please give details (include when, where, why)

3. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If yes, give details (include when, where, name and location of court, and circumstances)

4. Describe all instances of serious trouble you have been in as an adult (include when, where, why)

5. Aside from a marriage dissolution, are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

☐ Yes ☐ No If yes, please give details (include when, where, name and location of court, circumstances)

6. Have you ever been involved in an incident or occurrence of domestic violence, whether reported or not?

☐ Yes ☐ No If yes, explain each incident.

7. Have you ever applied for and been issued or been denied, a gun permit, private security guard's license, etc.?

☐ Yes ☐ No If yes, list the date(s) of application, the agency issuing, and the date of issuance/reason for denial.

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9 PERSONAL HABITS

1. Have you ever used, possessed (other than in official duties as a law enforcement officer), purchased, or experimented with:	NUMBER OF TIMES	LAST TIME USED (MONTH/YEAR)	AGE AT THE TIME OF USE
Marijuana <input type="checkbox"/> YES <input type="checkbox"/> NO			
Hashish <input type="checkbox"/> YES <input type="checkbox"/> NO			
Amphetamines <input type="checkbox"/> YES <input type="checkbox"/> NO			
Methamphetamine <input type="checkbox"/> YES <input type="checkbox"/> NO			
Barbiturates "Downers" <input type="checkbox"/> YES <input type="checkbox"/> NO			
Valium (other than prescribed) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Pain Killers (other than prescribed) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Cocaine <input type="checkbox"/> YES <input type="checkbox"/> NO			
Crack <input type="checkbox"/> YES <input type="checkbox"/> NO			
LSD "Acid" <input type="checkbox"/> YES <input type="checkbox"/> NO			
PCP "Angel Dust" <input type="checkbox"/> YES <input type="checkbox"/> NO			
Inhalants "Huffing" <input type="checkbox"/> YES <input type="checkbox"/> NO			
Hallucinogenic Mushrooms <input type="checkbox"/> YES <input type="checkbox"/> NO			
"Designer" type drugs (STP, Extacy) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Steroids (other than prescribed) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Drugs not prescribed for you (diet pills, pain killers, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other (describe): <input type="checkbox"/> YES <input type="checkbox"/> NO			

2. Have you ever sold or manufactured controlled substances?

☐ YES ☐ NO If yes, please explain (include dates)

3. Within the last five years, have you ever been with other persons who were using marijuana or other illegal substances, even though you were not participating?

☐ YES ☐ NO If yes, please explain (include dates)

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4. Describe in your own words the frequency and extent of your use of intoxicating liquors.

5. Have you ever been with others when they were involved in illegal activities, even though you did not participate? If yes, explain in section below. ☐ YES ☐ NO
6. Have you ever committed a sexual act for which you could have been arrested? If yes, explain in section below. ☐ YES ☐ NO
7. Do you advocate or are you a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States or the State of Washington by force or violence or other unlawful means? If yes, give the name of the organization or party of which you are a member in the section below. ☐ YES ☐ NO
8. Have you ever been a member of any party or organization, political or otherwise, that advocates the overthrow of the government of the United States or the State of Washington by force or violence or other unlawful means? If yes, give the name of organizations or party of which you were a member in the section below. ☐ YES ☐ NO
9. Have you ever refused to take an oath to support the constitution of the United States and the constitution of the State of Washington? If yes, explain in section below. ☐ YES ☐ NO
10. Are you willing to take an oath to support the constitution of the United States and the constitution of the State of Washington? If no, explain in section below. ☐ YES ☐ NO

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- [illegible]

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10 MOTOR VEHICLE OPERATION

DRIVER'S LICENSE NUMBER	EXPIRATION DATE	ENDORSEMENT/CDL	NAME UNDER WHICH LICENSE WAS GRANTED	STATE ISSUING
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1. List other states where you have been licensed to operate a motor vehicle.

DRIVER'S LICENSE NUMBER	EXPIRATION DATE	ENDORSEMENT/CDL	NAME UNDER WHICH LICENSE WAS GRANTED	STATE ISSUING
DRIVER'S LICENSE NUMBER	EXPIRATION DATE	ENDORSEMENT/CDL	NAME UNDER WHICH LICENSE WAS GRANTED	STATE ISSUING

2. Have you ever been refused a driver's license, had one revoked, suspended, or denied?

☐ Yes ☐ No If yes, in what state, by what agency, when, and why?

AUTOMOBILE LIABILITY INSURANCE COMPANY		DATE OF EXPIRATION	NAME OF PRIMARY POLICY HOLDER	
AGENT NAME	AGENT ADDRESS		PHONE NUMBER	

11 SELF-ASSESSMENT SECTION

You will be asked to verify the information in this form (including the items below) through a polygraph examination. **UNTRUTHFUL RESPONSES WILL RESULT IN YOUR DISQUALIFICATION.** The following factors may disqualify you from eligibility. If you believe that you can provide an explanation that justifies a special review of your circumstances, you must attach a letter to this Personal History Statement requesting a waiver of the specific Washington State Parks & Recreation Commission standard.

The Washington State Parks & Recreation Commission Standards are:

1. No criminal activity while working in the criminal justice system.
2. No use of illegal drugs in the last three years.
3. No crime committed as an adult, prosecutable under the statute of limitations.
4. No intentional deception in any stage of the process.
5. No intentional deception in the selection process of any law enforcement agency.
6. No domestic violence convictions.
7. No driving under the influence within five years.

The Washington State Parks & Recreation Commission Drug Standards are:

"Possession" is defined as illegal control, touching, holding, selling, or trafficking (transportation for sale) any illegal (non-prescribed) drugs.

1. No possession of marijuana/hashish within the last 3 years. No possession of other illegal drugs within 10 years.
2. No possession of marijuana/hashish over 15 times, regardless of time frame. No possession in last 3 years.
3. No combined possession of non-prescribed stimulants (amphetamine/methamphetamine) over 3 times. Stimulants include speed, ritalin, crank, crystal, ice, etc. No possession in last 10 years.
4. No injection of amphetamines, methamphetamines, cocaine, heroin, barbiturates, valium, or clandestine crank.
5. No combined possession of hallucinogenic drugs (LSD, PCP, hallucinogenic mushrooms, etc.) over 3 times. No possession within last 10 years.
6. No possession of non-prescribed opiates/narcotics (heroin, morphine, etc.)
7. No possession of cocaine over 3 times. No possession within last 10 years.
8. No selling, offering to sell, or transporting for sale of any illegal drugs/narcotics, regardless of time frame.
9. No possessing of non-prescribed drugs while employed or after having been employed in a commissioned capacity by a law enforcement agency, regardless of time frame, (including a military position with law enforcement powers).
10. No possession of anabolic steroids within the last 3 years.

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1. Do you have any additional knowledge or information that is not specifically called for in the preceding questions which may be relevant, directly or indirectly, in connection with an investigation and your eligibility or fitness for the position which you are seeking? This would include, but not be limited to knowledge or information concerning your character, temperance, habits, employment, education, subversive activities, family, associations, criminal records, traffic violations, etc.

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(Read Carefully Before Signing)

It is your responsibility, not the background investigator's, to obtain accurate dates, addresses, phone numbers, zip codes, etc. Failure on your part to do so will delay your employment screening and may remove you from consideration for employment.

I hereby certify that all statements in this application are true. I agree and understand that any misstatements or omissions of material facts will be cause for denial of employment or immediate termination regardless of when or how discovered. I have read and understand the above statements.

DATE _____

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

**This document affects your legal rights.
Read carefully before signing.**

To Whom It May Concern:

I, the undersigned, authorize you to furnish to the Washington State Parks & Recreation Commission any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the material you provide to the Washington State Parks & Recreation Commission. Your reply will be used by the Washington State Parks & Recreation Commission in determining my qualifications and fitness for a position I am seeking with the Washington State Parks & Recreation Commission.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waived those rights, understanding that the information furnished will be used by the Washington State Parks & Recreation Commission in conjunction with employment procedures. I will make NO attempt to gain access to the information provided by you to the Washington State Parks & Recreation Commission in conjunction with this employment process. I hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Washington State Parks & Recreation Commission in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to the Washington State Parks & Recreation Commission pursuant to this waiver and authorization to release information.

PRINT NAME (FIRST, MIDDLE, LAST)

X

SIGNATURE

DATE

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the State of Washington, residing at _____.

Notary Commission Expiration Date _____

X

SIGNATURE OF NOTARY